

**FEC
FORM 3**

**REPORT OF RECEIPTS
AND DISBURSEMENTS**
For An Authorized Committee

RECEIVED
FEC MAIL CENTER
2015 AUG 27 AM 7:59
Office Use Only

1. NAME OF
COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type
over the lines.

12FE4M5

BEN FRASIER FOR CONGRESS

ADDRESS (number and street)

POST OFFICE BOX 304

Check if different
than previously
reported. (ACC)

JOHN'S ISLAND

SC

29457-0031

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

C00479758

3. IS THIS
REPORT

NEW
(N)

OR

A

AMENDED
(A)

SC

011

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

April 15 Quarterly Report (Q1)

X July 15 Quarterly Report (Q2)

October 15 Quarterly Report (Q3)

January 31 Year-End Report (YE)

Termination Report (TER)

(b) 12-Day PRE-Election Report for the:

☐

Primary (12P)

X

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12S)

Election on

06'08'2010

in the
State of

SC

(c) 30-Day POST-Election Report for the:

☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

MM/DD/YYYY

in the
State of

5. Covering Period

04'01'2015

through

06'30'2015

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

BEN FRASIER (ASSISTANT TREASURER)

Signature of Treasurer

Ben Frasier

Date

08'13'2015

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only

FEC FORM 3
(Revised 02/2003)